

CONTRACT RENEWAL CONFERENCE CALLS
Program Profile

Program name: Thompson Academy	Contract #: O6H01
Provider: Youth Services International, Inc. (YSI)	
Length of anticipated renewal: Three (3) years	
Contract end date: 01/05/2007	Date profile completed: 10/24/06

1. **Description of current program type (include at a minimum, risk level, length of stay, age, gender, location, per diem, and any specialized populations):**

Thompson Academy is a Moderate Risk Residential Program located in the city limits of Pembroke Pines, 1150 Hibiscus Drive, Pembroke Pines, FL 33025. The target population is males between the ages of 13-18 with an average length of stay of 6-9 months. Thompson Academy is a 136 bed Behavioral Health Overlay Service (BHOS) program with 130 of the beds eligible for BHOS billing. The program is broken up into (2) components, (120) general population beds and (16) substance abuse slots. The (16) substance abuse slots are listed as Thompson Choices on JJIS. Services for the Thompson Choices component differs in the area of Substance Abuse Treatment Services and living/sleeping quarters. Current per diem rate: Filled \$87.86 Unfilled \$82.86

Historically, the following facts are provided in preparation for this review period:

Contract O6H01 effective 1/5/04 as a 112 bed Moderate Risk Residential male program.

Contract Amendment #1, effective 8/1/04 reduced the facilities population by 32 beds for a period of 61 days pending verification of Medicaid Certification and the hiring of mental health staff to serve 112 youth. Reinstatement of beds effective 1/11/05 after noted verification provided, in addition to the costly installment of Smoke Detectors per a Fire Safety Survey Report.

Contract Amendment #2, executed 10/8/04, increased the current per diem rate by \$1.60. Rate increased to \$79.54 filled; \$74.54 unfilled.

Contract Amendment #3, executed 1/25/05, modified current contract language – no-cost amendment.

Contract Amendment #4, executed 9/20/05, increased the current per diem rate by \$1.79. Rate increased to \$81.33 filled; \$76.33 unfilled.

Contract Amendment #5, executed 12/2/05, added 24 additional beds to the current population, increasing the population to 136 at the current per diem rate.

Contract Amendment #6, executed 3/20/06, added language to designate 16 of the 24 beds in amendment #5 for substance abuse treatment, and to revise the health service language.

Contract Amendment #7, executed 9/1/06, modified BHOS language.

Contract Amendment #8, executed 9/11/06, increased the current per diem rate by \$6.53. Rate increased to \$87.86 filled; \$82.86 unfilled.

Previous/Pending Corrective Action Plans:

Quality Assurance Corrective Action Plan – submitted 2/3/05; completed 4/15/05

Administrative Monitoring CAP – submitted 2/1/06; completed 2/27/06

Quality Assurance Corrective Action Plan – submitted 10/06; pending

2. Last three final Q.A. scores.

Year: 10/25/2004 Score: 56% Performance / 70% Compliance

Year: 4/11/2005 Score: 69% Performance / 83% Compliance

Year: 6/19/2006 Score: 70% Performance / 84% Compliance

3. Did the program perform minimally or fail any Q.A. standards? Yes

4. If yes, what standards?

2004 Overall Rating Failed to meet Standards

Training & Staff Development 64% (Minimal)

Living & Treatment 58% (Failed)

Case Management 36% (Failed)

Mental Health/Substance Abuse 40% (Failed)

Behavior Management 36% (Failed)

Food Service 30% (Failed)

Health Services 64% (Minimal)

Transition Planning 33% (Failed)

Program Security 62% (Minimal)

Program Safety 54% (Failed)

2005 Overall Rating Minimal (6-month re-review)

Admissions 66% (Minimal)

Case Management 64% (failed in 2004) (Minimal)
Food Service 64% (failed in 2004) (Minimal)
Health Services 64% (same as 2004) (Minimal)
Transition Planning 60% (failed in 2004) (Minimal)
Program Security 69% (minimal in 2004) (Minimal)

2006 Overall Rating Acceptable

Program Management 64% (Minimal)
Training & Staff Development 41% (minimal in 2004) (Failed)
Case Management 69% (Failed in 2004 / minimal in 2005) (Minimal)
Food Service 60% (Failed in 2004 / minimal in 2005) (Minimal)

5. Were these same standards rated “Failed to Meet Standards” or “Minimal” in past reviews? Yes – for the current 2006 QA Review, Training & Staff Development received “minimal” performance in 2004; Case Management received a “failed” rating in 2004 and a “minimal” rating in 2005; Food Service received a “failed” rating in 2004 and a “minimal” rating in 2005.
6. What corrective action(s) has the Provider (or Region) taken to correct the deficiency(ies)?

Training & Staff Development – In 2004 the program was operational (10) months prior to the 2004 QA Review. The program received a partial rating in (2) of (8) indicators in this standard that resulted in a minimal performance rating. During the 2005 QA Review, (6) months later, the program received a rating of 82% for Commendable Performance. The program is currently under a Corrective Action Plan for Failing to Meet this Standard during the 2006 QA Review.

Case Management – In 2004 the program failed to meet the required rating in (9) of the (14) Indicators for this Standard – overall rating “Failed to Meet Standard”. The Program had (3) documented Administrative changes in the Case Manager Supervisor position prior to the QA Review. During the 2005 QA Review, 6 months later, the program had reduced the number of failed indicators to (4) of (14) – overall rating of minimal performance. The program is currently operational with a competent Case Manager supervisor and staff working to improve the case management component at the program.

Food Service – In 2004 the program failed to meet the required rating in (4) of (10) Indicators. The deficiencies outlined were specific to outside contracts, i.e., school district, contracted Food Service provider and their failure to adhere to DJJ requirements. During the 2005 QA Review, the program received Satisfactory and Full Compliance ratings in all of the 2004 QA deficiencies and received an overall minimal performance rating. The program

received a minimal performance rating during the 2006 QA Review, however the Provider has taken the necessary steps to improve the Food Service component – starting with changing the Food Service Provider.

7. Have the deficiencies been resolved? No, not for Training as of this date.

8. Please provide details of unresolved deficiencies.

The Program is currently under an Outcome Base Corrective Action Plan in the area of Training and Staff Development

9. Recidivism score, if available.

Year 1: 34%

Year 2: 42%

Year 3: 34%

10. Utilization rate during the last 12 months. Thompson 97.14% / Thompson Choices 99.70%

11. Average length of stay (ALOS) during the last 12 months. 9 months

12. Number of transfers that were approved (that weren't the result of a program closure or transitional/independent living placement) during the last 12 months. 4

13. Number of reported "Severe" allegations during the last 12 months. 19

14. Total number of substantiated "Severe" allegations during the last 12 months.
16

15. Number of reported "Serious" allegations during the last 12 months. 120

16. Total number of substantiated "Serious" allegations during the last 12 months. 71

17. Number of reported child abuse allegations during the last 12 months. 43

18. Of these allegations, the number of verified child abuse cases. 8

18. Number of staff arrested for offenses occurring at the program during the last 12 months. 0

19. Number of staff arrested for offenses occurring outside the program during the last 12 months. 2

20. Youth arrested for offenses occurring at the program during the last 12 months. 5

21. Number of outside calls to law enforcement (this may or may not include child abuse cases occurring at the program) during the last 12 months. 44 which includes child abuse cases.

22. Number of PAR incidents during the last 12 months. 175

23. Of these incidents how many were:

- a. Level 2 Response, physical restraint (defined on page 6 of the PAR policy)? 173
- b. Level 3 Response, mechanical restraint (defined on page 6 of the PAR policy)? 2

24. Have there been confirmed incidents of falsification of records during the last 12 months? No

25. What is the turnover percentage rate of direct care staff during the last 12 months? 96%

26. What is the turnover rate of administrative staff during the last 12 months? 96%

Facility Administrator Staff changes:

Anderson Jones – 9/6/05 – 12/05

Jeffery Glover – 1/23/06 – 5/19/06

Duane Evans – 5/19/06 – present

Other Administrative Changes:

(2) Case Manager Supervisors

(2) Trainers

(2) AFA Positions

27. Are all staff properly trained in a timely manner in accordance with Department policy or according to the contract, if different? No, currently under an OBCAP for Training.

28. Does the contract have up to date language? Yes.

29. What is the balance of the Major Maintenance Fund? N/A

30. When was the last inventory conducted? Have all properties been accounted for? 01/06 Yes.

31. Are background screenings completed in accordance with DJJ policy?

Addressed through
Connecticut Action
Planning
Process

Yes.